

Refund Authorisation Form

SECTION 1 – Personal details

Student number: _____

Email address: _____

Family Name: _____

Given Name: _____

Date of Birth: _____

Mobile Phone: _____

Mailing address: _____

Student Signature

____/____/____

Date

Authorised person's signature

____/____/____

Date

SECTION 2 – Authorised person's details

Email address: _____

Family Name: _____

Given Name: _____

Date of Birth: _____

Mobile Phone: _____

Mailing address: _____

_____**OFFICE USE ONLY – this section is to be signed by an Enrollments officer when the course has been deferred.**_____
Enrollments Officer (print name)_____
Signature

____/____/____

Date

Relation to student: _____

Bank State Branch (BSB) Number: _____

Bank Account Number: _____

Bank Account Name: _____

SWIFT/Fedwire/ABA Code: _____

Bank/Sort Code: _____

Recipient Account Number/IBAN: _____

OFFICE USE ONLY – this section is to be signed by a Curriculum Compliance officer when the CoE(s) has been changed._____
Compliance Officer (print name)_____
Signature

____/____/____

Date

SECTION 3 – Student declaration

I declare that by signing this form I understand that:

 I hereby authorise the persons stated in Section 2 to accept the refund on my behalf.